Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967938	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS MINISTRY ASSISTED LIVING I	611 N FLORIDA AVE WACHULA, FL 33873

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments Assisted Living Facility A revisit to a biennial state licensure survey with extended congregate care (ECC) was conducted on . The Caring Hands Ministry Assisted Living Facility had an uncorrected deficiency found at the time of the visit.	{A 000}		
{A 093}	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, . . . and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings;	{A 093}		

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{A 093}	Continued From page 1	{A 093}		

6. Fats, oils, and sweets: use sparingly; and
7. Water.
(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in

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	AL11967938	A. BUILDING _____ B. WING _____	R 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS MINISTRY ASSISTED LIVING I	611 N FLORIDA AVE WACHULA, FL 33873

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 093}	Continued From page 2	{A 093}		

the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food

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{A 093}	Continued From page 3 preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record observation, interview and record review, the facility failed to ensure that it followed the recommended dietary allowances formulated by the Registered Dietician on the facility's planned menus for seven (#1, 2, 3, 4, 5, 6, and 7) of 7 census residents as evidenced by not serving meals as planned by the registered dietician to residents on a regular basis, not providing substitutions of equivalent nutritional values and by not maintaining a substations log. Failing to ensure that a Registered Dietician's meal plans are followed can place a resident at risk for receiving an unbalanced diet which can lead to health concerns. Findings include: On entrance to the facility at 9:30 a.m. on [redacted] the caregiver on duty was asked what the residents had had for breakfast. She replied "Pancakes and grits." A review of the posted Registered Dietician's planned menu (reviewed and signed on [redacted] the planned meal was for pancakes and one scrambled egg with skim milk and coffee. Random resident interviews conducted between 10:00 a.m. and 10:30 a.m. all stated they had pancakes for breakfast. No eggs were served. By not serving an egg the facility failed to provide a protein serving as planned for the breakfast. There were no eggs observed in	{A 093}		

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{A 093}	Continued From page 4	{A 093}		

the facility refrigerator.
The caregiver was asked to provide a copy of the meal substitutions log book but replied "I don't know what that is." At 10:45 a.m. the caregiver was asked what she planned to serve for lunch and stated "A ham sandwich and some cookies." She then reached into the freezer and took out a small package of frozen sliced deli ham to be served at lunch. The registered dietician's menu planned for a tuna sandwich with lettuce and tomato with sugar free yogurt and grapes. There were no tomatoes, lettuce, yogurt or grapes seen in the kitchen or the refrigerator.
The facility owner/administrator arrived at approximately 11:45 a.m. She was asked about the breakfast and lunch served to the residents. She stated "I thought that they (the staff) were shopping for the items on the menu." A tour of the kitchen was conducted and confirmed the findings. In addition to the breakfast and lunch issues the dinner menu was reviewed for the day and the planned protein was "pork loin." There was no pork loin in the refrigerator or the freezer. The only dinner food appeared to be a large bowl of cooked spaghetti with some red sauce on it. The administrator confirmed that pasta is not a substitute for meat.
The administrator acknowledged that the menus were not being followed, food was not purchased to meet the menu planning and substitutions as observed were inappropriate and not nutritionally equivalent to the planned menus. "I'll have to make sure (the facility manager) plans the shopping with the menus and keeps a substitutions log." The administrator was advised that this was an uncorrected deficiency.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967938	A. Building B. Wing	10/26/2012

Name of Facility	Street Address, City, State, Zip Code
CARING HANDS MINISTRY ASSISTED LIVING FACILITY LLC	611 N FLORIDA AVE WACHULA, FL 33873

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed	ID Prefix A0092 Reg. # 58A-5.020(1) FAC LSC	Correction Completed 10/26/2012	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed
ID Prefix A0164 Reg. # 58A-5.024(4) FAC LSC	Correction Completed	ID Prefix AE201 Reg. # 58A-5.030(2) FAC LSC	Correction Completed	ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC	Correction Completed
ID Prefix AZ803 Reg. # 408.804, F.S. LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date: 11/6/12	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: ____

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Caring Hands Ministry Assisted Living Facility LLC
611 N Florida Ave
Wachula, FL 33873

Dear Administrator:

This letter reports the findings of a state licensure survey revisit that was conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form 3020 & Revisit Report

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